

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155148</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/19/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>NORTH PARK NURSING CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>650 FAIRWAY DR</b> <b>EVANSVILLE, IN 47710</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00107593 and Complaint IN00108414 completed on May 23, 2012.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00109805.</p> <p>Complaint IN00107593- Corrected.</p> <p>Complaint IN00108414- Corrected.</p> <p>Survey dates: June 18 and 19, 2012</p> <p>Facility number: 000069 Provider number: 155148 AIM number: 100288980</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: SNF: 8 SNF/NF: 85 Total: 93</p> <p>Census payor type: Medicare: 10 Medicaid: 73 Other: 10 Total: 93</p> <p>Sample: 8</p> <p>North Park Nursing Center was found to be in compliance with 42 CFR Part 483, Subpart B and</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00107593 and Complaint IN00108414.  Quality review completed on June 20, 2012 by Bev Faulkner, RN			{F 000}			